

# NATIONAL Assessment Centre Services

Date In: 01/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/0221011160/13	SAS e-filing		
Veh No: 52A2941Z	E-mail (within 8hrs. Aft 2hrs)		
D.O.A 31/10/21 1612	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 540367B	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :**

Date/Time	Actions

NA2104375	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
<b>Damaged Portion:</b>	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
<b>Auditors' Comments :-</b>	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Cat. 2/3:</b>	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	01/11/2021 19:49 (SGT)
Date of Accident	31/10/2021 16:12 (SGT)
Exact Location of Accident	Serangoon Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2941Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG LI JING
NRIC No	SXXXX936D
Email Address	l-y.m@hotmail.com
Mobile Phone No	(Phone) +65-93207996
Alternative Phone No	+65-93207996

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1969

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00053042100
Cover Note Number	-

#### DRIVER

Name of Driver	NG LI YING
NRIC No	SXXXX722I

Date Of Birth	05/10/1984
Occupation	Indoor
Date Of Driving Pass	26/01/2004
Driving experience	17 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96946902
Alt. Phone Number	-
Email Address	l-y.m@hotmail.com
Address	BLK 333 SERANGOON AVE 3
Address complement	#07-279
Postcode	550333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NG GUA NANG
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD367B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	WONG HENG SOON
NRIC No	SXXXX703C
Contact Number	(Phone) +65-97877409
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

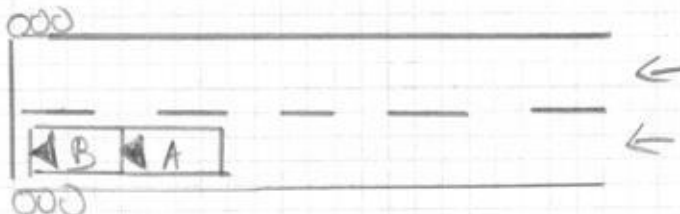
Witnessed by Reporting Centre Personnel

#### Sketch Plan

SERANGOON AVE 2

A- SLA2941Z

B- SHD367B



*[Signature]*


### Describe Circumstances of the Accident

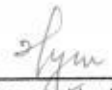
A. Turn onto Serangoon Ave 2, approach traffic red light slowed down. Did not break  
hard vehicle continue to roll and bump into vehicle ~~behind~~ in front. No injury to  
passengers and drivers of both vehicles. No damage to both vehicles.  
Driver of vehicle B says will only be reporting to his company. Did not want to claim.

### Declaration

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

 01/11/21  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

 01/11/21  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (31/10/21) (DD/MM/YYYY), TIME: (16:12) (HH:MM)

LOCATION: SERANGOON AVE 2

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA2941Z  
 b) INSURANCE COMPANY: CHINA SHIPPING  
 c) POLICY NUMBER: DMPICN000053042100  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VOLVO V40 TS (A)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: NG LI JING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9107936A CONTACT: 93207996  
 c) ADDRESS: BLK 333 SERANGOON AVE 3  
 #07-279 (SIB333)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NG LI JING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S84287227 CONTACT: 96946902  
 c) ADDRESS: AS ABOVE

\*d) DATE OF BIRTH: (05/10/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/01/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SIBLING

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 54D367B MODEL:  
 b) DRIVER'S NAME: WONG HENG POON  
 c) NRIC/FIN/PASSPORT: S1777703C CONTACT: 97877409

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 (2)

NG COLA NAMU

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

01/11/21

writing. etc.

Email = l@y.m@hotmail.com

fax =

VIDEO = yes with driver



Motor Private Car

MX1E

N SN

AN0650A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00053042100

Engine No.: B4204T111416868

Cha. No.: YV1MZ40HCG2100527

1. Index Mark and Registration  
Number of Vehicle

SLA2941Z

AUTOSAFE

=====

2. Name of Policy Holder

NG LI JING

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

14/03/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00  
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13/03/2022

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use.\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. - DBS BANK LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: BELL AUTO PTE LTD  
Authorised Officer

Authorised Signatory

## ORIGINAL

## THE SCHEDULE

Agency : AN0650A      Class of Policy : Motor Private Car      Policy No. : DMPCSNW00053042100  
 Account : AN0650A      Issued on : 10/03/2021 in SINGAPORE  
 Client : N0650271      Acceptance Date : 10/03/2021

Period of Insurance : 14/03/2021 to 13/03/2022, both dates inclusive

Insured's Name : NG LI JING  
 Address : 333 SERANGOON AVENUE 3  
           #07-279  
           Singapore 550333

Business/Occupation : INDOOR

Premium	:	Basic Annual Premium	:	S\$2,034.00
	:	Less 20% Autosafe Scheme	:	S\$ 406.80
	:	New Year Promotion	:	S\$ 143.19
	:	<b>Total Annual Premium</b>	:	<b>S\$1,484.01</b>
	:	Premium Due	:	S\$1,484.01
	:	Premium GST	:	S\$103.88
	:	<b>Total Due</b>	:	<b>S\$1,587.89</b>

Risk No.1	Motor Private Car	No. of seats	: 5
Make/Model	: Volvo V40 T5	Body Type	: Hatchback
Registration	: SLA2941Z	Capacity cc's	: 1969
Engine No.	: B4204T111416868	Certificate Ref.	: MX1E
Chassis No.	: YV1M240HCG2100527		
Year of Manuf/Regn	: 2015/2016		
Type of Cover	: Comprehensive		
Financial Interest	: DBS BANK LTD		
Sum Insured: Market value at the time of loss			
Named Drivers Ex Sect. I		:	S\$750.00
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		:	S\$3,000.00
Ex Sect. I - Age >= 26		:	S\$500.00
* Age as at date of accident			
EX ON WINDSCREEN		:	S\$100.00
Named Drivers THE INSURED		:	NG LI JING

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W (unltd).

## AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

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